Substitute for Form P10-878							Application or Dockel Humber 10/0/580			
FOR FEE	. NUMBER FILED	NUMBER EXTRA		RATE (\$)	T	1	OWA	ILL ENTITY		
1.16(a), (b), or (c)) >H FEE			7	15110101	FEE (1)		PATER	FEE	(I)	
NATION FEE		÷.	7							
1.16(a), (p), or (q)) OLAIMS			71			- 1	·.			
1.16(1))	minus 20 s		11						\neg	
NDENT GLAIMS 1.10(h))	rdnue 8	* * * * * * * * * * * * * * * * * * *	1 1	X		OR	х .	,	ヿ.	
ATION 61ZE 1.16(a))	if the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.O. 41(a)(1)(3) an	ntily) for each		х.			х .		7	
E DEPENDENT OL	AIM PRESENT (8) OFR 1.16	THE STATE OF THE PARTY OF THE P	-			Ŀ	• •	1		
	te fees than zero, enter "O" in		L			· . [T-	7	
				TOTAL		-	TOTAL	1	4	
	on as amended — P	ARTH					A.	Eister	7	
. (Optur	375	mn 2) (Column 3)		SMALL ENT	Tr.	OR .	OTHER	· THAN	-	
REMA AFT	THING NUME	ER PRESENT		14.000		<u></u>	BMALL	NITY	」 ¨	
AMEND	MENT PAID	USLY EXTRA	1	. 1	ADDI- IONAL	F	ATE (6)	ADDI- TIONAL	1	
iden e	7) Minus " 2	2 2	×	85		-		- FEE	-{ '	
(On Size Fee (37 (,	×/	00 = (50 =	_/_	1	
	ULTIPLE DEPENDENT OLAIM	Angeles C			OF	- Ker	00 -	- (- :	1	
	THE DEPENDENT OLAIM	(87 OFR 1.18(II)	_	70 (OR	30	0	" Jiverre	ļ	
45.1	1/27/11		ADD	AL L'EFEE	OR		FEE	(
(Oolumn CLAIM	B . HIGHER	(Column 8)	٠			. 400	CLEE F			
REMAINI AFTER AMENDME	PREVIOUS PAID FO	PRESENT EXTRA	RAT	TE (\$) AD	WAL .	RA	TE (\$)	ADOI-		
100	Minus "	0 0		- FEE	(4)	4		TIONAL FEE (8)		
ev)) Minus ()		<u>х</u> х.		OR.	×	-/			
n Size Fee (37 OF					OR OR	X	7		٠٠ .	
DENTAL TON OF MIL	TIPLE DEPENDENT OLAIM (8)	OFR 1.16(f)).			7		/\			
•		Ţ	OTAL		OR	TOTAL	/ 	~	. •	
Al Number Previous	than the entry in column 2, y usly Paid For" IN THIS SPAC Isly Paid For" IN THIS SPAC ty Paid For" (Total or Indepe ed by 37 CFR 1.16. The In hildenlights accurated by 3	E is less than 20, enter 2 E is less than 3, enter 3". Iden() is the birthesi numi			ÓR	ADD'L		1		
preparing, and sub	milling lie completed applic	Billon form to the Hones	₹-1.14	. This ediection	ini na tue bap	lic which	is to file (an minutes te c case. Any co	id by the completer		
TO: Commissio	I of Commerce, P.O. Box 14 oner for Palents, P.O. Box	ov, Alexandria, VA 22313 OX 1450, Alexandria, V	1450 VA 2	. DO NOT SEND 2313-1450.	FEES OR CO	MPLET	ED FORMS	ro țhis		

ll you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.